



A MAN FOR EMERGEN- CIES



— SANTO DOMINGO —
DOMINICAN REPUBLIC

*Dialysis supplies from Fresenius Medical Care
on their way to Haiti.*

Dr. Babajide (pronounced ba-ba-ji-day) Salako is responsible at Fresenius Medical Care for handling natural disasters and pandemics.

It is a hot day and the humid tropical air lies heavy and inert on the airport landing strip in Santo Domingo, the capital of the Dominican Republic. Just a few days earlier and no farther than 1,000 kilometers away from Miami, Florida, the earth had shaken, plunging the Caribbean country of Haiti into a profound tragedy. Now, in the glimmering midday heat, aircraft are touching down on the runway, one a minute. But instead of the usual tourists, they are bringing relief supplies from around the world.

The airport's depots are bursting at the seams: Everywhere there are boxes and containers, and in the midst of them all rescue workers. Dr. Babajide Salako makes his way through the crowds of sweating people frantically running around. At his side a customs official. They rush from one depot to the other. For some time now, they have been wandering down the rows of meter-high shelves, studying the shipping labels on the containers, giving each other puzzled looks and shaking their heads.

Salako landed here yesterday on board an airplane carrying dialysis machines, bloodlines, dialyzers and drugs to the crisis region – approximately twelve tons of dialysis equipment in total, which he had managed to put together within the space of just a few days with the help of several Fresenius Medical Care employees in the U.S. He had tracked down the charter plane in Florida, at a time when the media was reporting that there was a lack of airplanes to transport the many relief consignments to Haiti. He then flew to Santo Domingo with the supplies donated by Fresenius Medical Care in the freight hold to make sure that they reached the "Doctors Without Borders" organization in Haiti. And now it seemed that these supplies had vanished without a trace.

POWERLESSNESS AND HELPLESSNESS

In hindsight, it seems almost inevitable that Babajide Salako should have become responsible at Fresenius Medical Care for handling natural disasters and

pandemics. After all, he grew up with crises of this type.

In Nigeria, where the rivers near Ibadan, the place he was born, regularly flooded whole villages, he experienced as a child the powerlessness and helplessness of the authorities. Salako believes that this chaos is the reason why he feels so passionate about planning today. Even as a teenager he would watch news of natural disasters around the world on television. Not out of curiosity but rather out of a serious interest in how people dealt with them. "Even back then I had the impression that the tragedy didn't only lie in the natural disasters themselves but also in the unsatisfactory manner in which people prepared for them," he says today. Salako works in the offices of Fresenius Medical Care in Washington, D.C. He speaks in a very quiet voice, almost as if he is deliberately trying to remain calm in view of the devastating topic. But his hands moving constantly back and forth from coffee mug to smart phone reveal his agitation deep down inside. Time and again, he stands up to get himself more coffee or a piece of paper, or apologizes for having to take an important phone call.

TOO LITTLE TIME

Babajide Salako was also sitting in his Washington office when the International Society of Nephrology's renal disaster relief task force (RDRTF) officially asked Fresenius Medical Care for help in Haiti in January 2010. The fate of sufferers of kidney disease in large-scale disasters rarely makes headline news. They don't appear in television footage. Compared to the total number of victims, the numbers involved are for the most part small, but for these people a situation like the aftermath of the earthquake in Haiti is just as life-threatening as the natural disaster itself. Furthermore, survivors of such a disaster are prone to developing acute renal failure due to crush injuries, and may also need urgent dialysis care to stay alive.

The lives of dialysis patients are dependent on the infrastructure: on clinics with functioning equipment, an intact power supply, ultrapure water and deployable staff. If these clinics are destroyed, dialysis patients can't afford to wait weeks or

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even months until the damage has been repaired. Typically they need treatment three times a week.

A lack of infrastructure, an increase in the number of patients and very little time mean only one thing for Babajide Salako: He has to act very quickly in his job.

The two large screens on the wall of the conference room in his Washington, D.C. office connect him to the outside world. It was via video link that a colleague from Doctors Without Borders gave his impression of the situation in Haiti back in January 2010. Salako discussed and coordinated the upcoming activities with colleagues and key senior management personnel at Fresenius Medical Care in the U.S. Everyone was aware what needed to be done in such a situation: where to obtain machines, drugs and dialysis accessories; what was needed; where it had to be taken to. Only Salako knows how he was then able to charter an aircraft when many governments and aid organizations were bemoaning the lack of cargo planes.

ALWAYS AFFECTED

A large reinsurance company recorded 950 natural disasters in 2010. 295,000 people lost their lives, economic damage was estimated at \$137 BN. These figures are the most devastating in the last 25 years. "We are affected by each of these disasters somewhere and somehow," Salako responds almost casually when asked why a functioning crisis management program is so important for the Group. "Fresenius Medical Care is an international company with more than 73,000 employees and an even larger number of patients around the world," he says. Flu viruses, floods, earthquakes, hurricanes or forest fires – all of these always affect at least one dialysis clinic, its staff and patients somewhere in the world.

"But it is not only about our own facilities," says Salako, "Fresenius Medical Care is a world market leader. We are the biggest dialysis company by far. In the event of a large-scale disaster, we are often the only ones on site who can come to the aid of dialysis patients. If we don't, nobody will." Salako talks about the responsibility of the world market leader and its unique experience in the field. After

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LIFE-SAVING FREIGHT

Fresenius Medical Care donated around twelve tons of dialysis equipment for the care of patients after the devastating earthquake in Haiti.

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all, the Company operates globally, can be on the spot almost anywhere in the event of an emergency, has the regional know-how once there, the necessary infrastructure, personnel and equipment. Add to this the accumulated know-how of the whole organization, enabling it to develop solutions to problems in all areas of dialysis thanks to its network with experts from around the world.

Fresenius Medical Care is well aware of its responsibility. "Here, I can do my job without any limitations," says Salako appreciatively. This also means that, if need be, he can charter an airplane safe in the knowledge that his employer will bear the costs, even though Fresenius Medical Care does not operate any clinics in Haiti.

Of course, Fresenius Medical Care is first and foremost a for-profit company. Bill Numbers, in whose disaster response team Salako is a member, underlines this. "We are not a charity organization," explains Numbers — see interview on page 51. However, there are ways to provide help in a cost-effective manner. It is possible to do what is required with good planning and careful preparation without spending huge amounts of money.

According to Salako, the crisis management program run by Fresenius Medical Care has also gained recognition among experts. In 2010, the Company received an award for its professional crisis management and its exemplary collaboration with external crisis operations from the IAEM, a non-profit organization that campaigns internationally for professional disaster management. In 2010, Babajide Salako was also honored personally for his remarkable commitment in Haiti with a prize from the KCER, the Kidney Community Emergency Response coalition of the U.S. dialysis industry, whose work in Haiti he played a significant role in coordinating.

LEARNING FROM DISASTER

Babajide Salako says this recognition makes him feel "really very proud". It is a confirmation of the great effort made throughout the Company in this area. "Preparing for catastrophes must be an integral part of all corporate processes," he says. "If a disaster occurs anywhere in

the world, then we need to have secure processes and structures in place to be able to react as efficiently as possible."

When he is working in his Washington office, he often grabs some paper and a pencil and creates crisis scenarios in which he enacts "what would happen if" situations. From this, programs emerge that eventually reach all departments of Fresenius Medical Care as "corporate global disaster responses". Salako also develops emergency exercises and carries them out, evaluates the results, modifies them and gets both colleagues and patients to practice them. And at some point the exercises also need to prove their worth in a real emergency. "Each exercise can only ever prepare us for one part of the difficulties that can arise in the event of a crisis. So we use the experience of our disaster response team, evaluate the effects for the Company and integrate the findings in the future development of our emergency planning," says Salako.

An example of this is the development of the "Fresenius Town", a self-sufficient mobile tent and trailer village, which came about as a reaction to the experience gained from the hurricanes on the west coast of the U.S., and is now erected as a preventive measure ahead of expected natural disasters such as hurricanes. This emergency accommodation has its own power and water supply, is equipped with an internal communications network and can be used as a substitute clinic if important infrastructure is destroyed. Staff members from other Fresenius Medical Care clinics in the country are released from their regular duties as a precautionary measure and flown in as required. "After Hurricane Katrina, we were the only ones for a while who still had electricity," says Salako. For several days, Fresenius Medical Care also treated patients of other dialysis providers. The fact that this treatment is also reimbursed, thanks to agreements entered into some time ago with the U.S. government, is a further element of this comprehensive crisis management program.

EMERGENCY AID ARRIVES BY CRUISE SHIP

In Santo Domingo, the sun embarks on the final stretch of its daily path, heading

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— THE FINAL STEPS —
Team members of a partner organization prepare Fresenius Medical Care dialysis machines for delivery to a hospital in Port-au-Prince, Haiti.

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— A STRONG SENSE OF COMMITMENT —

Babajide Salako is grateful for how his life has turned out. He would like to give something of that back. He has a dream.



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— PEACEFUL HAVEN —

In his free time, Dr. Salako most enjoys spending time with his family – or reading a book.

directly for the horizon. It is already late afternoon and still airplanes are landing at a rate of one per minute. A cool breeze from the coast blows the heat off the airport tarmac. Babajide Salako and the customs officer have finally found Fresenius Medical Care’s supplies. Dr. Rodriguez from Doctors Without Borders is already filling in the customs documents with Salako. He will now take charge of the goods, transport them on to Haiti by ship and hand them out there. The men look tired. They keep their conversation to a minimum. Salako has done his job for the time being. He flies back to the u.s.

A few weeks later, he travels to Haiti to gain a general idea of the situation. A few hours earlier he was sitting in the air-conditioned conference room in Washington, now he is stumbling across a never-ending scene of destruction. Dr. Rodriguez greets him in one of the tents of Doctors Without Borders. The dialysis equipment provided by Fresenius Medical Care is already serving its purpose and is being used to treat patients. Everything else still seems makeshift but Salako is satisfied: Life-sustaining dialysis is assured for a large number of people for the time being.

To ensure that the situation in Haiti continues to improve, Fresenius Medical Care resumed its support over the last few months. For his part, Babajide Salako did what he does best: planning. From his Washington office, he coordinated the provision of dialysis for patients of the hospitals in Port-au-Prince. He also made contact with the u.s. Navy. The navy hospital ship moored off the coast of Haiti is now equipped with dialysis units and acute patients have since been receiving therapy on board. Thanks to Salako’s connections with a tourism company, a number of dialysis machines have also been transported on board the company’s luxury cruise liners to the tour operator’s resorts in Haiti.

MANY PATHS, ONE GOAL

What do you need to do this job? Salako wipes the table a couple of times with the flat of his hand before answering. “What helps me is the fact that I am not a dogmatic person,” he says. “I have been an immigrant for most of my life. I have

lived in Nigeria, England and now in the u.s. In my life, I have seen and experienced a lot of things.” He smiles a little as he says this. “This is what nowadays you’d call being flexible.” For Salako, this means that there is never just one path, but only one goal.

After work, when he puts the disasters and pandemics to the back of his mind, Salako is a passionate reader. He enjoys spending time with his wife, son and two daughters. He likes to cycle. When asked what his hobby is, he gives the question some consideration before answering: “Airplanes. I like to photograph airplanes.”

Once a year, he travels to Nigeria to visit his parents. The childhood he spent here was not your African cliché. His father was a doctor and professor at the university. There was no poverty in his life. He studied in England. Babajide Salako would like to give something of that back. He has a dream: For some years now, he has been meeting on a regular basis with prominent stakeholders in health care from Africa. His great ambition is to set up a modern dialysis infrastructure on the continent and he is pursuing a number of paths to achieve this. “I still have a lot of work to do in educating the population on the existence of diseases such as kidney failure and the possible ways of treating them,” says Salako. He hopes one day that there will be Fresenius Medical Care clinics in his home country of Nigeria, just like there are in the u.s.

Yet, there is one habit that he hasn’t given up even today. Just like when he was a teenager, he still watches news from around the world with interest, especially news about natural disasters – and how people respond to them.

Bill Numbers, Vice President of Fresenius Medical Services Operations Support, a division at Fresenius Medical Care North America, is also the "incident commander" for the Company's disaster response team in the U.S.

Was there a special reason for setting up a crisis management program at Fresenius Medical Care North America?
Yes. Eight years ago, one of the largest power outages in the history of the U.S. brought six states to a standstill. This emergency made us realize that we needed a centrally coordinated crisis management program to be able to treat our patients and enable our staff to fulfil their duties even in an emergency situation.

Which weaknesses were brought to light back then?

The main weakness was that up until then, the measures in place locally were not suitable for dealing with a crisis covering a large geographical area. Emergency plans existed back then for individual clinics. However, these are not much help in the event of a power failure across six states at once affecting hundreds of clinics all at the same time. We did manage to get the situation under control and were able to take care of our patients – but only with a significant effort on the part of our staff and at a comparatively high cost. If we had had a centralized crisis plan back then, we would have been faster and more efficient.

What goal has the disaster response team set itself?

First and foremost, it has two tasks: emergency planning and disaster relief operations. In the event of an incident, a particular leadership structure comes into force within our team with precisely defined reporting lines: I myself assume overall responsibility for managing the operation; all other roles are filled by people from the different divisions within the Company.

So all Company divisions are involved in crisis management?

Yes, after all, our main task is to maintain all of the Company's functions. That is why crisis management is part of the

operational business of all divisions. For example, when there was the threat of a bird flu pandemic, we conducted a risk assessment of all subdivisions of Fresenius Medical Care North America. Each division, whether communications, finance, management, accounts, clinics, production or sales, developed its own specific emergency plan in the event of such a pandemic according to the guidelines contained in our emergency planning. We also made sure that there were sufficient supplies of protective face masks and antivirals like Tamiflu, which we kept on standby in various distribution points across the country.

How did you choose the members of the disaster response team?

Our emergency command structure is made up of representatives from all departments within the Company. Management staff in the operating business also assume a managerial position in the crisis team. They receive the required training, take part in exercises and involve their employees in emergency planning. We also have so-called "mayors" – specially trained employees who, in the event of a disaster, are in charge of our "Fresenius Towns". There, they ensure that safety and the supply of fuel, food and trailers are maintained.

Does the Company always shoulder the responsibility for such emergencies alone?

In the event of a serious crisis such as a natural disaster, coordination with the authorities and the government is also important. For this purpose, we are part of the KCER, the Kidney Community Emergency Response coalition in the U.S. dialysis industry. It is made up of representatives of patient and professional associations, dialysis providers like ourselves, hospitals and authorities such as the Centers for Medicare and Medicaid Services (CMS), the authorities of the government healthcare program in the U.S. The KCER stays in close contact with government officials and local emergency response teams, which have been set up in the individual municipalities. One of our main activities in crisis management is to help coordinate the work of the KCER.

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For example, we were heavily involved in coordinating the relief operations in Haiti.

Don't these efforts involve huge financial expense? How is that justified?

Thanks to these efforts, we can keep the financial burden caused by disasters as low as possible. You see, with our large network of dialysis clinics, we are almost always affected in the event of a natural catastrophe in one way or another. But if we can manage, as we did during Hurricane Katrina, to care for all our own patients and for some 1,000 additional patients from other dialysis providers because we have taken the correct precautions, then a precisely defined crisis management strategy is the best solution both in economic terms and for the well-being of patients.



— AWARD-WINNING WORK —

The crisis management program lead by Bill Numbers received a prize in 2010 from the International Association of Emergency Managers (IAEM).